

MDR Tracking Number: M5-04-3311-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 06-01-04 .

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the electrical stimulation manual, therapeutic exercises and therapeutic activities direct were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 06-30-03 to 07-18-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 5th day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

August 3, 2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-3311-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Physical Medicine and Rehabilitation. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 35 year old male who received an on-the-job injury on ___ when he was lifting a pallet and felt a burning sensation down his left side and left leg, going from his head to his toes. He was working as a cart pusher at Wal-Mart. He had some problems with left-sided paresthesias and dyesthesias and has continued to complain of cervical and lumbar discomfort despite multiple sessions of physical therapy. His MRI of the cervical and lumbar areas had no shown significant findings. MRI of the cervical region on 10-09-2002 showed moderate desiccation of C2-3 with mild changes involving C3-4. The patient has some desiccation of the posterior aspect of C4-5 disc. The plain x-rays were within normal limits. A lumbar MRI showed mild narrowing of L5-S1 with posterior central disc protrusion but no spinal stenosis or foraminal narrowing. No foraminal narrowing or cord compression was noted on the cervical MRI. Examinations by physicians have shown normal strength and sensation and no atrophy. An EMG nerve conduction test has not shown any left-sided findings. Despite multiple therapy sessions including therapeutic activity, exercise and electrical stimulation, the patient has continued to complain of discomfort on visual analogue scale of 7 or above. Dr. C gave the patient of 10% whole person impairment on 12-16-2003.

Despite this patient's treatment, he has not had an increase in function, which would enable him to return to work. There has been no real change in his subjective complaints.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of electrical stimulation manual, therapeutic exercises and therapeutic activities direct.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The patient had undergone active treatment as is warranted initially with musculoskeletal injury. Prior treatment consisting of electrical stimulation, therapeutic exercises and activities had not demonstrated any functional progress or any decrease in symptoms. It was unreasonable to have expected any reasonable degree of functional improvement with another course of similar treatment. In fact, after the patient underwent such treatment, there has been no documentation of any significant functional improvement or decrease in patient's discomfort. He continues to complain of a significant level of discomfort. The reviewer's decision was based on generally accepted medical practices and textbook including Frank Krusen's Physical Medicine and Rehabilitation.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,